



Colorado Department
of Public Health
and Environment

COLORADO

Application Guidance and Self-Study for State Recognition

Emergency Medical Services Continuing Education Provider (Education Group)



2012

For questions or assistance with this application please contact:

Colorado Department of Public Health and Environment
Emergency Medical and Trauma Services
HFEMSD-A2
4300 Cherry Creek Drive South
Denver, CO 80246-1530
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**Application Instructions for State Recognition
Emergency Medical Services Continuing Education Provider
(Education Group)**

Eligible education programs wishing to be approved as a Colorado recognized EMS Education Program as an Education Group to provide refresher and continuing education programs should utilize this application process.

Please review “Standards For State Recognition Of Emergency Medical Service Continuing Education Providers (Education Groups)” prior to beginning the application process. These standards can be found at www.coems.info.

EMS Continuing Education providers (“Education Groups”) shall be at least one of the following:

1. A post-secondary academic institution located in Colorado and accredited by an institutional accrediting agency or equivalent that is recognized by the U.S. Department of Education, and shall be authorized under applicable law or other acceptable authority to provide a post-secondary program or to approve college credit.
2. A Colorado licensed hospital, clinic or medical center accredited by a healthcare accrediting agency or equivalent that is recognized by the U.S. Department of Health and Human Services, and authorized under applicable law or other acceptable authority to provide healthcare
3. A Colorado based EMS provider agency.
4. A Colorado based independent training organization.

Applicants for recognition as an EMS Continuing Education provider must be familiar with and comply with all statutes, rules and regulations pertaining to EMS. These documents may be found at www.coems.info.

- 25-3.5-101 et seq. Emergency Medical and Trauma Services
- 6 CCR 1015-3, Chapter 1- Rules Pertaining to EMS Education and Certification
- 6 CCR 1015-3, Chapter 2-Rules Pertaining to EMS Practice and Medical Director Oversight

Application Instructions for State Recognition Emergency Medical Services Continuing Education Provider (Education Group)

To ensure that all required information is complete, applicants should utilize the application guidance document. Accurate completion of this document can reduce the approval processing time.

This application guidance document must be completed and returned with:

- Completed Application Form
- Signed and notarized Signature sheet
- Education Program Policy Manual
 - Only one (1) Program Policy Manual is required for multiple levels(s) (i.e. EMT, IV, AEMT, Intermediate, and Paramedic). However the Program Policy Manual must include information and policies unique to the various levels and curricula (i.e., refresher education, continuing education, medication administration (IV), etc.)
- Education Program Student Policy Manual
 - Student Policy Manual should contain all information and policies, which an enrolled student has a need to know and which, must be provided to every student upon enrollment (i.e. dress policy, grievance policy, etc.).
 - Only one (1) Student Policy Manual is required for multiple levels(s) (i.e. EMT, IV, AEMT Intermediate and Paramedic). However the Student Policy Manual must include information and policies unique to the various levels and curricula (i.e., initial education, continuing education, medication administration)
- Self-Study Document
 - Applicants should indicate page numbers for both the Program Policy Manual and Student Policy Manual on the Self Study Document.
- Two letters of support from area EMS agencies
- Sample of the course completion or CEU certificate, skills verification/attestation form, student policy manual receipt, etc.

FIRST DRAFT of the Program Policy Manual and Self-Study Document must be submitted electronically to:

EMTS Education and Practice Coordinator
Joni Briola
Joni.briola@state.co.us

FINAL COPIES of the Application Form, Program Policy Manual, Student Policy Manual, Self-Study Document, Signature Form and supporting documents must be submitted electronically, as well as one (1) printed copy (including the original notarized Signature Sheet) must be mailed to:

Colorado Department of Public Health and Environment
Emergency Medical and Trauma Services Section
Joni Briola, EMTS Education and Practice Coordinator
HFEMSD-A2
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530

**** * All initial applications for State Recognition as an Emergency Medical Technician
Education Group must be submitted no less than 90 days prior to anticipated
starting date of training * * ****

Self-Study Guidance

Emergency Medical Services Continuing Education Provider (Education Group)

Applicant Education Group name:	
Date application completed by institution:	
Anticipated start date of training:	
Application completed by:	
Program Type Requested	
Education Groups (level specific) will automatically be designated as a Continuing Education Group (level specific). Include additional information and policies as needed for Education Group.	
<input type="checkbox"/>	EMT Education Group (Refresher and continuing education provider)
<input type="checkbox"/>	EMT Medication Administration (IV) Education Group
<input type="checkbox"/>	AEMT Education Group (Refresher and continuing education provider)
<input type="checkbox"/>	EMT-Intermediate Education Group (Refresher and continuing education provider)
<input type="checkbox"/>	Paramedic Education Group (Refresher and continuing education provider)
	Title of item to be completed and submitted
<input type="checkbox"/>	Self-Study Document - Applicants should indicate page numbers for both the Program Policy Manual (PM) and Student Policy Manual (SM) on the Self Study Document
<input type="checkbox"/>	Completed Application Form
<input type="checkbox"/>	Signature sheet (signed and notarized)
<input type="checkbox"/>	Education Program Policy Manual

<input type="checkbox"/>	Education Student Policy Manual
<input type="checkbox"/>	Letters of support (x2)
<input type="checkbox"/>	Course completion or CEU certificate (sample)
<input type="checkbox"/>	Skills verification/attestation form (sample)
<input type="checkbox"/>	Additional supporting documents (insurance certificates, curriculum vitae, student policy receipt, etc)

Colorado approved Education Groups are required to meet or exceed the program and education standards as approved by the department through recommendation from the State Emergency Medical and Trauma Advisory Council.

Program Policy Manuals and Student Policy Manuals must include information and documentation which addresses the “*Standards For State Recognition Of Emergency Medical Service Continuing Education Providers (Education Groups)*”.

This self-study is designed to help the applicant organize their Policy and Student Manuals. Additional information or materials may be needed in order to meet the standards.

Mission, Vision and Objectives

Page # PM	Page # SM	Requirements [Program Policy Manual (PM) and Student Policy Manual (SM)]
		A description of the program educational mission, vision and objective.

Resources

Page # PM	Page # SM	Requirements [Program Policy Manual (PM) and Student Policy Manual (SM)]
		A description of the Education Group Director qualifications and responsibilities. (Include copy of resume or curriculum vitae.)
		A description of the Education Group Medical Director qualifications and responsibilities. (Include copy of resume or curriculum vitae.)
		A description of the Education Group Primary Instructor qualifications and responsibilities.
		A description of the Education Group Assistant Instructor qualifications and responsibilities.

		A description of the Education Group Guest Faculty qualifications and responsibilities.
		A description of the learning resources available to students. (Include classroom description, textbooks, audiovisual equipment, manikins, medical equipment, etc.)
Students		
Page # PM	Page # SM	Requirements [Program Policy Manual (PM) and Student Policy Manual (SM)]
		A description of the requirements/prerequisites for enrollment or participation in the program. (if applicable)
		Evidence, by statement or inclusion of the form, that all students will be informed regarding the program policies.
Operational Policies		
Page # PM	Page # SM	Requirements [Program Policy Manual (PM) and Student Policy Manual (SM)]
		A statement of non-discrimination of students and faculty.
		A statement that all students will receive a description of the program (syllabus, student policies, etc).
		A description of the student application and admission requirements and process. (if applicable)
		Attendance requirements for all sessions (didactic, lab, and clinical).
		Discipline, counseling and dismissal procedures.
		Grievance procedures.
		Policy regarding disability and ADA accommodations.
		Requirements for successful course completion. (if applicable)

		Pass-fail criteria (grading scale) for all testing and skill evaluations. This must also include a re-testing policy description.
		Method of student withdrawal and refunds on tuition and fees. (if applicable)
		Health and immunization requirements. (For programs with clinical rotations only)
		Infection control procedures and policy.
		Description of insurance coverage for students (personal liability and worker's compensation). (IV Education Group and clinical rotations only)
<p style="text-align: center;">Clinical Policies</p> <p style="text-align: center;"><i>Continuing Education Groups that sponsor/send students to participate in clinical experiences and rotations, must complete this section (i.e. IV Education Groups). Continuing Education Groups that only receive students from other programs do not need to complete this section.</i></p>		
Page # PM	Page # SM	Requirements [Program Policy Manual (PM) and Student Policy Manual (SM)]
		Clinical agreements in writing. (Include copies with application)
		Clinical student to instructor ratio no more than 2:1.
		Clinical dress code (Both for in-hospital and field as appropriate).
		A description of objectives and expectations for each clinical site.
<p style="text-align: center;">Records</p>		
Page # PM	Page # SM	Requirements [Program Policy Manual (PM) and Student Policy Manual (SM)]
		A description of student files. (Include a list of the contents.)
		A description of faculty files. (Include a list of the contents.)
		A description of Education Group files. (Include a list of the contents.)

		A description of record storage and retention policy.
		A description of student file security and describe student access process.
Education Group Quality Improvement		
Page # PM	Page # SM	Requirements [Program Policy Manual (PM) and Student Policy Manual (SM)]
		A description of the Advisory Committee responsibilities, meeting requirements (at least annually) and process for maintaining meeting minutes.
		Advisory Committee membership list. (Include the list with application.)
		Description of the educational quality improvement plan.
Curriculum		
Page # PM	Page # SM	Requirements [Program Policy Manual (PM) and Student Policy Manual (SM)]
		A statement that the program will use the National Education Standards as the basis for general curriculum design.
		A statement that the program will meet other required national or state education standards or guidelines for curriculum design.
		A description of the refresher course curriculum that meets national or state standards or guidelines for curriculum design.
		Description of the curriculum design for state approved medication administration courses. (IV Education Groups only.)
		A description of the type of courses offered ("drop-in" continuing education programs, conferences, refresher training, etc.)
		A statement that current lesson plans (objectives, outlines, student recourses) for all sessions will be maintained and kept on file.
		A statement that minimum competency in all skills will be demonstrated by each student to include a description of how this will be documented. (if applicable)

		A statement that the student to instructor ratio in all classroom skills instruction will not exceed 6 to 1.
Continuing Education Documentation		
Page # PM	Page # SM	Requirements [Program Policy Manual (PM) and Student Policy Manual (SM)]
		Include a sample of a course completion or CEU certificate.
		Description of approval process for continuing education provided by non-Colorado approved educations programs (i.e. out-of-state, CECBEMS, etc.).
		Description of approval process for non-instructor contact continuing education (i.e. amount of hours allowed (no more than 50%), self-study, internet, video, etc.).
		Description of approval process for other forms of continuing education (i.e. instructor hours, clinical observation, "ride-alongs", etc.).
Skills Verification/Attestation		
Page # PM	Page # SM	Requirements [Program Policy Manual (PM) and Student Policy Manual (SM)]
		Describe the procedure and process for National Registry skills verification. (If applicable. Must be level specific.)
		Describe the procedure and process for Colorado state skills verification/attestation. (Must be level specific.)
		Include a sample of the skills verification/attestation form used for documentation of successful completion.
Page # PM	Page # SM	Appendices and/or Additional Documents